

Exhibit A

COUNTY OF LOS ANGELES
DEPARTMENT OF PUBLIC HEALTH

3052023223847

CERTIFICATE OF DEATH

3202319049752

1. NAME OF DECEASED - FIRST (Given)		2. MIDDLE		3. LAST (Family)	
OSCAR				VASQUEZ LOPEZ	
4. DATE OF BIRTH (month/day/year)					
03/04/1979					
5. AGE (Years)					
44					
6. SEX (M/F)					
M					
7. BIRTH STATE/PROVINCE/COUNTRY		8. DATE OF DEATH (month/day/year)		9. HOUR (24 hours)	
GUATEMALA		10/07/2023		0120	
10. MARITAL STATUS (at time of death)		11. EVER IN U.S. ARMED FORCES?		12. DECEASED'S RACE - Up to 3 terms may be listed (see instruction on back)	
NEVER MARRIED		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK <input type="checkbox"/>		OTHER HISPANIC	
13. USUAL OCCUPATION - Type of work performed at the time (DO NOT USE RETIRED)		14. NAME OF BUSINESS OR INDUSTRY (e.g., grocery store, hotel, construction, employment agency, etc.)		15. YEARS IN OCCUPATION	
CONSTRUCTION WORKER		CONSTRUCTION		4	
16. DECEASED'S RESIDENCE (Street and number, or location)					
2036 E. WHITING AVE. APT. 5					
17. CITY		18. COUNTY/PROVINCE		19. ZIP CODE	
FULLERTON		ORANGE		92831	
20. YEARS IN COUNTY		21. STATE/PROVINCE/COUNTRY			
4		CA			
22. INFORMANT'S NAME, RELATIONSHIP					
NELSON GUDIEL VASQUEZ VELASQUEZ, SON					
23. ADDRESS (Street and number, or location, or care facility, or place of death)					
2036 E. WHITING AVE. APT. 5, FULLERTON, CA 92831					
24. NAME OF SURVIVING SPOUSE (First)		25. MIDDLE		26. LAST BIRTH NAME	
27. NAME OF FATHER (First)		28. MIDDLE		29. LAST BIRTH NAME	
ANGEL				VASQUEZ	
30. NAME OF MOTHER (First)		31. MIDDLE		32. LAST BIRTH NAME	
MICAELA				LOPEZ	
33. DATE OF DEATH (month/day/year)		34. PLACE OF FINAL DISPOSITION		35. LICENSE NUMBER	
10/29/2023		CEMENTERIO GENERAL MUNICIPIO LAS CRUCES, DEPARTAMENTO DE PETEN, GUATEMALA 17000		EMB9025	
36. TYPE OF DISPOSITION		37. SIGNATURE OF DECEASED		38. DATE (month/day/year)	
TRANSIT/BURIAL		MICHAEL LEONARD PADILLA		10/13/2023	
39. NAME OF FUNERAL ESTABLISHMENT		40. LICENSE NUMBER		41. SIGNATURE OF LOCAL REGISTRAR	
FUNERARIA LATINO-AMERICANA		FD1412		MUNTU DAVIS MD	
42. PLACE OF DEATH					
PARKING LOT					
43. COUNTY					
LOS ANGELES					
44. FACILITY ADDRESS (or location where found) (Street and number, or location)					
21051 SHERMAN WAY					
45. CITY					
LOS ANGELES					
46. CAUSE OF DEATH (See the chart of causes - Diseases, injuries, or complications - that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without specifying the etiology. DO NOT abbreviate.)					
IMMEDIATE CAUSE (Final disease or condition resulting in death)					
SHOTGUN WOUND OF NECK AND SHOULDER					
47. TIME FROM DEATH TO REPORT TO CORONER					
RAPID 2023-13617					
48. DECEASED PREVIOUSLY IN LAST YEAR					
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK <input type="checkbox"/>					
49. SIGNATURE AND TITLE OF CORONER					
EVONNE R-JACKSON, DEP CORONER					
50. DATE (month/day/year)					
10/12/2023					
51. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER					
EVONNE R-JACKSON, DEP CORONER					
52. PLACE OF DEATH (See the chart of causes - Diseases, injuries, or complications - that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without specifying the etiology. DO NOT abbreviate.)					
OTHER: PARKING LOT					
53. DATE (month/day/year)					
10/07/2023					
54. HOUR (24 hours)					
0104					
55. LOCATION OF INJURY (Street and number, or location, and city and zip)					
21051 SHERMAN WAY, LOS ANGELES, CA 91303					
56. SIGNATURE OF CORONER / DEPUTY CORONER					
EVONNE R-JACKSON					
57. DATE (month/day/year)					
10/12/2023					
58. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER					
EVONNE R-JACKSON, DEP CORONER					
59. STATE REGISTRAR					
A B C D E					
FAX AUTHA					
CENSUS TRACT					

CERTIFIED COPY OF VITAL RECORD
STATE OF CALIFORNIA, COUNTY OF LOS ANGELESThis is a true certified copy of the record filed in the County of Los Angeles
Department of Public Health if it bears the Registrar's signature in purple ink.Muntu Davis MD
VG

Health Officer and Registrar

DATE ISSUED

This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.



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OCT 18 2023